



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES July 10, 2008

APPROVED
8/14/08

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Anthony Braswell, <i>Co-Chair</i>	Marcos Aviles	Chi-Wai Au
Diana Baumbauer	Ruben Acosta	Margaret Brewer	Kyle Baker
Carrie Broadus	Al Ballesteros	Jim Chud	Angela Boger
Anthony Bongiorno/Manuel Negrete	Eric Daar	Margo Edwards	Maxine Franklin
Mario Chavez	Whitney Engeran	Susan Forrest	Michael Green
Nettie DeAugustine	Douglas Frye	Shawn Griffin	Mary Orticke
Jeffrey Goodman	David Giugni	Miki Jackson	True Pawluck
Joanne Granai	Jan King	Rich Mathias	David Pieribone
Richard Hamilton	Mario Pérez	Cynthia Munguia	Shobita Rajagopalan
Michael Johnson	Chris Villa	Mireya Munõs	William Strain
Lee Kochems	Peg Taylor	Trip Oldfield	Lanet Williams
Brad Land	Fariba Younai	Yolanda Salinas	Juhua Wu
Ted Liso		Lambert Talley	
Anna Long		Joey Terrill	
Ruel Nollo			COMMISSION STAFF/CONSULTANTS
Quentin O'Brien			
Everardo Orozco		SPN COORDINATORS	Erinn Cortez
Dean Page		<i>(Not Commission Members)</i>	Carolyn Echols-Watson
Angélica Palmeros		Lisa Fisher	Dawn McClendon
Natalie Sanchez		Gabriela Leon	Jane Nachazel
James Skinner		Jane Price-Wallace	Glenda Pinney
Robert Sotomayor/James Smith		Jill Rotenberg	Doris Reed
Kathy Watt			James Stewart
			Craig Vincent-Jones
			Nicole Werner

- CALL TO ORDER:** Ms. Bailey called the meeting to order at 9:15 am.
 - Roll Call (Present):** Bailey, Baumbauer, Bongiorno, Broadus, Goodman, Granai, Hamilton, Johnson, Kochems, Liso, Long, Nollo, O'Brien, Orozco, Page, Palmeros, Sanchez, Skinner, Sotomayor, Watt
- APPROVAL OF AGENDA:**
 - MOTION #1:** Approve the Agenda Order, as amended (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
 - MOTION #2:** Approve the minutes from the June 12, 2008 Commission on HIV meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

MOTION #3: Approve the Consent Calendar with Motions 4, 5, 7, 8, and 9 pulled (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING: It was clarified that Commissioners may change their vote at will until results are announced. Once results have been announced, a Commissioner needs unanimous consent of the body to change his/her vote.

6. PUBLIC COMMENT, NON-AGENDIZED: There were no non-agendized public comments.

7. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Page called the Commission's attention to two recent articles. The first discussed a class action civil rights lawsuit filed by inmates in federal court against California prisons to require them to properly test and treat inmates with Hepatitis C. The article said prisons deferred testing and treatment until disease was more advanced worsening the risk of serious damage. The other article criticized Congressional cuts to the Ryan White legislation despite its support for foreign HIV/AIDS support.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no items.

9. CO-CHAIRS' REPORT: Ms. Bailey welcomed new Commissioner Robert Sotomayor.

10. EXECUTIVE DIRECTOR'S REPORT: There was no report.

11. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that the PPC voted to support the Ryan White Principles.
- The Operations Subcommittee was developing a program in which members leaving the body would mentor new members. Ms. Watt would be the first mentor in December. Nominations for her co-chair seat were also opened.
- HIV Counseling and Testing Week had such a good response that some sites could not test everyone who came, but it was hoped the message would persevere. Final data was expected by September. Many PSAs were in Spanish-language areas.

12. STATE OFFICE OF AIDS REPORT: There was no report.

13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. DMH: Mental Health Services Act (MHSA) Committee:

- Ms. Lee, District Chief, Planning Division, Los Angeles County, Department of Mental Health presented on the Mental Health Services Act (MHSA), funded by an additional 1% tax on Californians earning over \$1 million, targeted to new or complementary services or resources—but not existing programs. Ms. Lee was part of the early planning for MHSA, passed in November 2004, which was developed to address concerns like early intervention and the underserved.
- Community Services and Supports (CSS) embodies comprehensive services begun in December 2006 to keep people on the recovery path and is funded at \$130 million for FY 2007-2008. It is based on the success of AB 2034 that enrolls people cycling in and out of higher levels of care in a broad range of supportive services. The UCLA Integrated Substance Abuse Program (ISAP) component is initiating a training curriculum, including a section on co-occurring disorders that addresses HIV in part. While PWH/A are not specifically targeted in other components, many services do target high HIV prevalence populations, like the Transitional Aged Youth (TAY) services.
- Prevention and Early Intervention (PEI) builds on research showing improved outcomes and is funded at \$34 million for FY 2007-2008. As with CSS, funds unused after the three-year funding cycle are redistributed. While 51% of funds are mandated for those aged 0 to 25, local stakeholders allocated 65% of the funds to those populations with the rest for adults especially those who are older, with traumas and co-occurring issues. While evidence-based approaches are preferred, few approaches have been adequately tested in ethnic minority groups. As a result, promising approaches tested in communities with minimal scientific support, and community-defined approaches identified as effective despite lacking scientific support have recently been accepted by the State. County planning is ongoing and will include 60 focus groups, including one in Service Area #6 specifically for PWH/A.
- Workforce Education and Training (WET) identifies occupation and skill set shortages to develop and maintain a culturally competent workforce that includes clients, family members, volunteers, and advocates. Guidelines were released in July 2007 for \$60 million in funding over ten years. Initial planning and implementation funding of \$4.3 million is being used for planning and training programs for consumers and family members.
- The technology component provides \$99.6 million in Capitol Facilities (CF) and IT funding over ten years to modernize systems for enhanced quality of care, operational efficiency, and cost effectiveness, while increasing client/family access

to computing services and health information. Guidelines were released in March 2008. The draft plan for IT will be presented at a July 30th public hearing.

- The 30 member System Leadership Team provides quick advisory and monitoring response. The stakeholder body of 94 delegates, each with an alternate, is a monthly advisory group and develops the MHSA plan. The eight Service Areas offer input with final approval from the County Mental Health Commission, Mental Health Director, and the Board. She said there would be a public hearing on the plan July 30th. It would then go to the State for approval, before being returned for implementation.
- Mr. Land was concerned about the lack of resources in the Antelope and San Gabriel Valleys. He felt HIV providers should have been involved from the start especially in light of the shift towards a more orientation. Collaboration could offer options to existing HIV providers, while possibly mitigating MHSA expense.
- Mr. O'Brien said that only traditional mental health providers had been asked to participate, though, as a DMH provider, LAGLC did. He said LGBT are not addressed among underserved populations despite stigma and with "transgender" still defined as a mental illness. Ms. Lee had raised the issue and two TAY from GLASS were added, but said collaboration needed to build on that with Probation, DHS, DCFS, ADPA, and Public Health's older adults' co-location programs in planning. She suggested some of those interested might join a planned co-occurring group to be coordinated by John Sheehe.
- Ms. Watt supported broadening LGBT representation to reflect diverse voices and be specifically referenced in printed materials. She also recommended dropping "co-occurring" as it was vague. Mr. Goodman said of the some 50,000 PWH/A in the County, virtually all have had mental health issues, substantiating the importance of a focus on HIV.
- Ms. Fisher asked about the undocumented. Ms. Lee replied that while no clients are asked about their documentation status, only County funds are available for services to the undocumented.
- Ms. Broadus expressed concern about service locations and community involvement in SPA #6, including services for its large homeless population with mental illness. Stigma could also be an issue, as fewer HIV-specific funds are directed to special populations like the homeless because it is expected that other services will address the need.
- Mr. Page asked about health information access. Ms. Lee responded that access through the statewide Network of Care is planned on computers at wellness centers and clinics. Personal access might be limited by HIPAA concerns.
- Mr. Nollo do said the state AIDS Counseling Program was cut 10% mid-year and had now been eliminated, costing the County \$376,000. He asked about HIV+ client data and HIV-specific programs. While there are no MHSA-funded programs, Ms. Lee said about 400 PWH/A (mostly from SPAs 6 and 8) were served annually by a Harbor-UCLA program directed by David Martin. Funds from OAPP and the State were expected to expand three directly operated clinics and increase outreach.
- Ms. Granai asked about SPA #1 services and interaction. Ms. Lee said it was hard to hire staff, but interns from Cal State Bakersfield had been assigned. Natalie Ambrose was the Service Area Advisory Committee (SAAC) Chair.
- ➡ Ms. Lee will provide SPA #6 information and connect SAAC District Chiefs with SPA Coordinators. She noted Edie Lamont was involved and Phyllis McKnight, Watts Wellness Center, spoke at a Wellness Recovery Action Plan event.
- ➡ She would attempt to get data on HIV+ clients, but the State data collection system was not easy to work with. She added she would assist Mr. Nollo do in getting information on the AIDS Counseling Program cuts.
- ➡ Ms. Lee said all planning meetings were public. Commissioners would be added to the email distribution list.

14. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Dr. Green reported that the final Medical Outpatient Rate Study was expected July 11th and would be distributed after.
- HIV Counseling and Testing (HC/T) Week, June 23 to 28, benefited from good collaboration in planning, implementation, and the media, coordinated by Ms. Pawluck. Not all data was in, but it was clearly the most successful counseling week to date. Ms. Broadus felt it contradictory to have Health Education/Risk Reduction (HE/RR) staff do outreach when sites had all the incentives. She added that people were turned away due to lack of test kits. She encouraged better coordination next year. Mr. Hamilton felt HC/T Week was not successful in his community, and recommended defining "success" as more than "better."
- Ms. Pawluck had also updated the OAPP website, including a series of presentations, reports, and various C/T and care data maps. Information will be continually updated and can be used for grant applications or other projects.
- The Ryan White Part A application guidance was expected July 15th, the earliest in many years. Since the All Grantees Meeting would be at the end of August, the application deadline had been extended to the end of September.

16. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

17. SPA/DISTRICT REPORTS:

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- **SPA #1:** Ms. Granai said not all HIV Counseling and Testing Week data was in, but the Antelope Valley Hope Foundation did a high of 85 tests. The Caucus went well and Mr. Sotomayor was recruiting for a day-long September consumer training on CAB value and function. Curriculum was being developed with the Commission, OAPP, and APLA. The Comprehensive Care Plan (CCP) focus group was July 9th. The Medical Care Coordination (MCC) financial simulation would be in August.
- **SPA #2:** Ms. Sanchez reported Evidence-Based Intervention was reviewed on June 26th by CHIPTS, which would assist providers planning to respond to the HE/RR RFP. The CCP focus group would be July 24th. Both the Executive Director Forum and MCC financial simulation presentation would be August 15th.
- **SPA #3:** Mr. Chavez reported no meeting in June. The CCP focus group would be July 17th. The meeting would be from 9:00 to 11:00 am to provide enough time and to end in time for staff to coordinate the SPA #4 meeting that afternoon.
- **SPA #4:** Ms. Rotenberg reported the June 19th meeting was at the new Project Angel Food facility. There were presentations from the AIDS Research Alliance on microbicides and from the Sex Worker Outreach Project. The July 17th meeting would host the CCP focus group from 12:00 noon to 2:00 pm at 5P21. The CAB would meet in August at JWCH.
- **SPA #5:** Ms. Fisher reported no meeting in July. The August 5th meeting would host the CCP focus group from 2:00 to 4:00 pm at Common Ground. The CAB began outreach with an event at a Santa Monica park. Timed to coincide with the HIV Counseling and Testing Week, several CAB members participated and many homeless were contacted.
- **SPA #6:** Ms. Price reported Watts Healthcare Foundation's first Annual Men's Health Fair in June went well. Camp Laurel presented at the June meeting on free camping for children infected or affected with HIV. The CCP focus group was held at the July meeting. There will be STD training in lieu of the regular meeting on August 13th from 10:00 am to 2:00 pm.
- **SPA #7:** Ms. Leon reported June 27th meeting attendance was light due to National Testing Day, but discussion on Scope of Work implementation continued. Several CAB members have completed Consumer Leadership Training offered by the Latino Community Development Initiative and Mr. Orozco spoke on participation in County decision-making. The CCP focus group will be at the July 25th meeting. The Executive Director Forum will be at the August 18th meeting.
- **SPA #8:** There was no report as Ms. Ayala-Castillo was at a training.

17. TASK FORCE REPORTS:

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

19. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee:

1. YR 19 Allocations:

- Mr. Goodman reported that OAPP had made recommendations to the P&P Committee this year.
- The Committee increased Transitional Case Management 0.5%, beyond the 1% split out from Psychosocial Case Management recommended by OAPP, due to significant feedback on service need for those exiting County jails.
- Mr. Mathias asked how Benefits Specialty services will be contracted. Dr. Green replied that funds would be aligned within Case Management now with the anticipation of an RFP during YR 19.
- Some were concerned this was the third year of lower support services that brought in and helped people stay in care. Mr. Goodman replied that changes from YR 18 were minimal. Dr. Green added that Residential Services were shifted to NCC because Part A/B funds used for residential services would have to comply with HRSA's new 24-month cap.
- Mr. Vincent-Jones said staff prepared the presentation and had been cognizant of prior recommendation to include justifications in the presentation, which had been included this time. Changes were mostly funding shifts to better align services with one stream of funding and to better reflect how case management allocations are actually spent. Transitional Case Management had also been increased due to need, Residential was shifted to avoid an onerous new condition, and Peer Support was zeroed out as other jurisdictions now run their peer support programs more effectively with volunteers..
- Ms. Broadus felt HIV social, economic and isolation issues, especially for women, makes volunteering as peers hard without incentives like lunch, child care, and transportation. She suggested only consumers vote on such matters.

Service Category	Year 19 Priority Ranking		YR 18 Allocation	YR 19 Allocation
	Core Medical	Support Service		
Medical Outpatient	1		56.0%	58.0%
ADAP Enrollment	2		0.0%	0.0%
Medical Specialty	3		1.1%	1.5%

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Local Pharmacy Assistance	4		0.0%	0.0%
Benefits Specialty		5	0.0%	2.0%
Oral Health Care	6		3.7%	3.7%
Mental Health, Psychiatry	7		2.5%	2.5%
Mental Health, Psychotherapy	8		6.5%	6.5%
Case Management, Medical	9		0.7%	1.5%
Early Intervention Services	10		0.0%	0.0%
Health Insurance Premium and Cost-Sharing	11		0.0%	0.0%
Substance Abuse, Residential		12	6.5%	6.5%
Substance Abuse, Treatment	13		0.0%	0.0%
Case Management, Psychosocial		14	9.8%	6.0%
Residential, Transitional		15	3.7%	0.0%
Residential, Permanent		16	NF ¹	NF ¹
Transportation		17	1.9%	1.9%
Treatment Education	18		3.3%	3.3%
Medical Nutrition Therapy	19		0.6%	1.0%
Nutrition Support		20	1.1%	1.1%
Legal Services		21	0.5%	0.0%
Case Management, Transitional		22	0.0%	1.5%
Direct Emergency Financial Assistance		23	0.0%	0.0%
Case Management, Housing ²		24	0.0%	0.0%
Language Services		25	0.1%	0.0%
Skilled Nursing Facility ³	26		1.0%	2.0% ⁴
Home Health Care	27		0.0%	0.0%
Case Management, Home-based		28	0.0%	1.0%
Hospice ³	29		1.0% ¹	2.0% ⁴
Child Care		30	0.0%	0.0%
Workforce Entry/Re-entry Services ²		31	0.0%	0.0%
Rehabilitation Services		32	0.0%	0.0%
Health Education/Risk Reduction		33	0.0%	0.0%
HIV Counseling and Testing in Care Settings	34		0.0%	0.0%
Outreach Services		35	0.0%	0.0%
Referral Services		36	0.0%	0.0%
Peer Support		37	1.0%	0.0%
Respite Care		38	0.0%	0.0%
Permanency Planning		39	NF ¹	NF ¹
Psychosocial Support Services ²		40	0.0%	0.0%
(100% of all Service Dollars)			100.0%	100.0%

¹ Not fundable by Ryan White Program Parts A and B.

² Service category was combined in Year 18.

³ In Year 18, Skilled Nursing Facility and Hospice were combined into one service category.

⁴ The allocation is combined for these two service categories.

MOTION #4: Approve the proposed Year 19 Allocations, as presented (*Passed: 19 Ayes; 0 Opposed; 3 Abstentions*).

- Comprehensive Care Plan:** Mr. Goodman noted the scope of the CCP had been expanded. The next Subcommittee meeting would be July 15th from 9:00 to 11:00 am.
- OAPP Financial Reports:** Mr. Goodman indicated reports were in the packet for review and are discussed quarterly.

B. Joint Public Policy (JPP) Committee:

- 2008-2009 Policy Priorities:** JPP will host a public hearing on condom usage in the adult film industry at West Hollywood Park, from 1:30 to 5:00 pm. on October 1st.

MOTION #5: Approve the proposed 2008-2009 policy priorities, as presented (*Passed by Consensus*).

- SB 1184 (Infectious Disease Reporting):** The bill for full CD4 reporting passed Assembly Appropriations with technical amendments July 9th. It would go to the Senate floor, then the Assembly and then to the Governor for signature.

3. **AB 308 (Medi-Cal: HIV Drug Treatment):** The Executive Committee voted to ratify, on the Commission's behalf, the Executive Director's support, on behalf of the Commission, for this legislation that allows a shift of funds for ADAP and other services when the State budget has not been passed on time.
4. **AB 1984 (HIV Testing: Prison Inmates):** There was no discussion.
MOTION #6: Support AB 1984 (HIV Testing: Prison Inmates) and forward the Commission's position to the CEO and other parties, as appropriate (*Passed as part of the Consent Calendar*).
5. **AB 2654 (Discrimination):**
 - Mr. Johnson supported the intent, but was concerned at the lack of Assembly or Department of Insurance analysis on potential impact on how many carriers would maintain insurance. Language prohibits increasing premiums, but not discontinuing coverage—as has happened with new requirements like these in other jurisdictions. He suggested adding that caveat to the motion. Mr. Vincent-Jones noted there was only a month left in the legislative session and any recommendations had to be reviewed by the CEO. That was little time to make significant changes.
 - ➡ It was agreed JPP would follow-up with principle stakeholders to address the issue in the legislation, if appropriate.**MOTION #7:** Support AB 2654 (Discrimination) with the recommendation that the term “creed” be re-inserted, and forward the Commission's position to the CEO and other parties, as appropriate (*Passed by Consensus*).
6. **AB 2899 (STDs: HIV/AIDS Counseling):**
 - Mr. Kochems reported that the bill passed Senate Health 10-0 on June 19th, and was on its way to Appropriations. Per the Commission's request for PPC input, the HIV Counseling and Testing Work Group of their Standards and Best Practices Subcommittee voted to oppose the bill 5-0-1, but it had since been amended and reflected their concerns.
 - Mr. Terrill, Acting Director, Public Affairs, AHF, the bill's sponsor, said AHF felt the issues of prescriptive language and missing people had been resolved. Those not perceiving themselves at risk needed outreach to bring them in.
 - Ms. Jackson read a communication from Mr. Engeran, who was unable to attend, in his capacity as Director of Public Health at AHF. Amendments reflected concerns of the PPC and Senate Health. The 17 lines now embody three points: 1) a repeat tester can opt out of counseling; 2) sites can offer self-administered data forms to clients; 3) video group or other forms of counseling can be offered as appropriate. The bill requires no model, but rather broadens tools available.
 - Ms. Broadus said Women Alive Coalition opposed the removal of Section 120846.b.4 that prohibits providers from discouraging, denying or minimizing testing access to those identified as low risk. Women are especially vulnerable as they often are unaware of a partner's risk. It is estimated that 40-60% of women of color who test HIV+ had been classified as no risk. About 20% of males and 39% of females testing HIV+ (not AIDS) in the 2006 CDC Surveillance Report for the United States and Dependent Areas were “non-identified risk.” The system should increase capacity for all, not reimburse more for high risk testers. Ms. DeAugustine agreed on expanding access, but noted providers needed reimbursement and may have to limit low-risk first-time testers to receive it.
 - Mr. O'Brien noted a trend and structures that run people through the testing experience instead of capitalizing on prevention opportunities. LAGLC tests 8,000 people a year. Many would rather test and leave, but are required to test for other STDs and receive prevention counseling. Many do test positive for other STDs, which put them at higher HIV risk.
 - Mr. Kochems felt the bill spurred discussion and good amendments. JPP had heard about BRG testing preferences when resources were limited. He suggested support with a recommendation to include Section 120846.b.4. Ms. Broadus urged a public hearing on HC/T education and access. Mr. Orozco noted access concerns for Latinos and the undocumented. Mr. Kochems said JPP was discussing a possible public hearing.**MOTION #8A (Kochems/Broadus):** Recommend that Section 120846.b.4 language be re-inserted into AB 2899 (STDs: HIV/AIDS Counseling) (*Passed by Consensus*).
- MOTION #8:** Support AB 2899 (STDs: HIV/AIDS Counseling) with a recommendation to re-insert Section 120846.b.4 language and forward the Commission's position to the CEO and other parties, as appropriate (*Passed: 9 Ayes; 8 Opposed; 5 Abstentions*).
7. **SB 1098 (Medical Marijuana):** Mr. Vincent-Jones said JPP had opposed the bill because it was felt tax amnesty was not the best strategy to increase access to medical marijuana issue and because cannabis clubs that availed themselves of it could be exposed to federal prosecution. Mr. Hamilton asked if JPP had heard from medical marijuana advocates. Mr. Vincent-Jones responded that they had not specifically in relation to this bill, but the Commission had a long-standing policy of support for access medical marijuana.
 - ➡ In response to a concern raised by Ms. Sanchez, it was agreed to provide justifications for future bill positions.**MOTION #9:** Oppose SB 1098 (Medical Marijuana) and forward the Commission's position to the CEO and other parties, as appropriate (*Passed by Consensus*).

8. **State Budget:**

- Mr. Nollado reviewed the APLA survey of HIV-related budget items. He noted the restoration of \$5.2 million to HIV Education and Prevention in response to Assemblymember Laird's annual request for HIV prevention funding for rural counties, not for Los Angeles County. Ms. DeAugustine noted that several years ago rural areas were severely cut. Laird was able to get a bill for a one-time funding augmentation to restore some funds passed three years ago and has brought forward a similar bill each year since.
- Mr. Land asked about the proposed elimination of payment for Part B premiums. Mr. Nollado said both the Assembly and Senate Budget Committees agreed not to take up that recommendation, so funds were restored.
- Mr. Orozco said he could not afford his share of cost, but it was noted that was being addressed under JPP's work on the federal TROOP legislation. Mr. Land added that Ryan White Part F for dental care was also being cut.
- There were updates on two items as a result of Budget Conference Committee actions the prior week. The Medi-Cal AIDS Pharmacy Pilot Program was left open. The Medi-Cal 10% provider rate cut of July 1st was restored, but would not be implemented until September 1st, if confirmed. Mr. O'Brien, LAGLC, reported that the cut was in effect, with pharmacies losing money on each prescription over \$100, up to a \$50 loss on some. While large companies like CVS might be able to sustain the loss, smaller ones like those that provide support and education to PWH/A cannot and will stop serving Medi-Cal clients—as some already have. About 10% of PWH/A rely on Medi-Cal for medications.
- Ms. Palmeros said her nurse case managers were finding referrals harder for many services because providers were dropping Medi-Cal. Mr. Goodman added that during a recent series of check-ups, each office he went to had a sign posted that they no longer accept Medi-Cal, including St. John's Medical Center. Combined cuts affect the care continuum.
- Mr. O'Brien suggested that people sign a petition against the Medi-Cal cuts in the back. A coalition of medical organizations has also filed suit alleging federal law requires equal access for Medi-Cal clients. A ruling is due July 25th, but LAGLC would lose \$25,000 by then. Unless favorable or a possible 5% restoration is accepted, more providers will drop Medi-Cal clients.
- Mr. Nollado noted Assembly Speaker Karen Bass was an active opponent of the Medi-Cal cuts. She has been at several town hall meetings. He encouraged PWH/A to attend, and would send out meeting information.

MOTION #11 (DeAugustine/Orozco): Research whether Los Angeles County might be able to file an amicus brief in support of the lawsuit to restore the 10% Medi-Cal cut, and encourage the County to do so, if appropriate (*Passed by Consensus*).

9. **Public Policy Docket:** Mr. Kochems reported it would soon track JPP and Commission votes as well as state activity.

C. **Standards of Care (SOC) Committee:**

1. **Skilled Nursing Standards of Care:**

- Ms. Palmeros presented the new Skilled Nursing standard, which was developed in the course of making separate standards for Hospice and Skilled Nursing services—they had been previously combined. It would be out for public comment until August 6, 2008.
- Mr. Vincent-Jones said SOC would be reviewing all outcome and indicator measures, including those included in the previous standards.

2. **Referral Standards of Care:** Ms. Palmeros presented the Referral Services standard, which would be out for public comment until August 6, 2008. Mr. Land said the SPA #1 ConsumerCaucus meeting showed consumers needed education about this service.

D. **Operations Committee:**

1. **Commission Member Nominations:** There was no additional discussion.

MOTION #10: Approve the nomination of Jim Chud for the SPA #4 Consumer, Alternate seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).

2. **Consumer Caucus:** The Caucus would craft a process to report its actions to the Commission when it met later that day.

20. **COMMISSION COMMENT:**

- Ms. Granai welcomed Mr. Sotomayor and complimented his work for the SPA #1 consumers. She had calls after the SPA#1 Meet the Grantee meeting to start a CAB, but felt it not effective before so was focusing on consumer leadership training. Mr. Smith, Consumer SPA #1 Alternate, said he had chaired that CAB and felt it had been effective in arranging for the dental van, bus station sheds, and bus routes.
- ➡ Mr. Land recommended the Executive and Operations Committees review roles and responsibilities in public meetings.

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21. ANNOUNCEMENTS: Ms. Broadus announced the 13th Annual Divas Simply Singing would be October 11th at the Wilshire Theater in Beverly Hills at 7:30 pm. The first 300 ticket orders would receive a free gift. Usually nonprofits were only funded for two years in a row, but Women Alive would benefit for the third year. For information go to www.divassimplysinging.com.

22. ADJOURNMENT: Mr. Bailey adjourned the meeting at 1:35 pm. in memory of Rebecca Heath Johnson, former Commissioner, who passed away on Father's Day.

A. Roll Call (Present): Bailey, Baumbauer, Bongiorno, Broadus, Chavez, DeAugustine, Goodman, Granai, Hamilton, Johnson, Kochems, Land, Liso, Long, Nollado, O'Brien, Orozco, Page, Palmeros, Sanchez, Skinner, Sotomayor, Watt.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order, as amended.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the June 12, 2008 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Consent Calendar, as revised.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Approve the proposed Year 19 Allocations, as presented.	Ayes: Bailey, Baumbauer, Bongiorno, Chavez, DeAugustine, Goodman, Granai, Hamilton, Johnson, Kochems, Land, Long, Nollado, O'Brien, Orozco, Palmeros, Sanchez, Skinner, Sotomayor Opposed: none Abstentions: Broadus, Liso, Page	MOTION PASSED Ayes: 19 Opposed: 0 Abstention: 3
MOTION #5: Approve the proposed 2008-2009 policy priorities, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Support AB 1984 (HIV Testing: Prison Inmates) and forward the Commission's position to the CEO and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED
MOTION #7: Support AB 2654 (Discrimination) with the recommendation that the term "creed" be re-inserted, and forward the Commission's position to the CEO and other parties, as appropriate.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8A (Kochems/Broadus): Recommend that Section 120846.b.4 language be re-inserted into AB 2899 (STDs: HIV/AIDS Counseling).	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Support AB 2899 (STDs: HIV/AIDS Counseling) with recommendation to re-insert Section 120846.b.4 language and forward the Commission's position to the CEO and other parties, as appropriate.	Ayes: Broadus, Kochems, Liso, Orozco, Page, Palmeros, Sanchez, Skinner, Sotomayor Opposed: Bongiorno, Chavez, Granai, Hamilton, Johnson, Land, Nollado, O'Brien Abstentions: Bailey, Baumbauer, DeAugustine, Goodman, Long	MOTION PASSED Ayes: 9 Opposed: 8 Abstention: 5
MOTION #9: Oppose SB 1098 (Medical Marijuana) and forward the Commission's position to the CEO and other parties, as appropriate.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #10: Approve the nomination of Jim Chud for the SPA #4 Consumer, Alternate seat and forward to the Board of Supervisors for appointment.	<i>Passed as part of Consent Calendar</i>	MOTION PASSED
MOTION #11: (DeAugustine/Orozco) Research whether Los Angeles County might be able to file an amicus brief in support of the lawsuit to restore the 10% Medi-Cal cut, and encourage the County to do so, if appropriate.	<i>Passed by Consensus</i>	MOTION PASSED